



Kathryn Bowers, M.D.
Dermatologist, affiliated with Mount Auburn Hospital

Keep your skin at its best

Skin is the body's first layer of protection against the environment and disease so it is important to keep it healthy. Kathryn Bowers, M.D., Dermatologist, affiliated with Mount Auburn Hospital in Cambridge, a teaching hospital of Harvard Medical School, suggests the following tips to keep your skin at its best.

Avoid tanning beds According to the United States Department of Health and Human Services, artificial sources of tanning, such as tanning beds and sun lamps, are known carcinogens (cancer causing substances).

"Using a tanning bed as little as one time per month can increase a person's risk of melanoma, and there is as much as a 55 percent greater chance a person will develop a melanoma within eight years of using a tanning bed," says Dr. Bowers.

A popular myth is that it is important to build a base tan before summer or going on vacation. According to Dr. Bowers, no tan is a safe tan. "When you have a tan, it is a sign of ultraviolet damage to the skin and the skin is trying to repair damage by making more melanin," she says.

Still, some people may find it difficult to embrace a paler appearance. To maintain a tan without the harmful rays, Dr. Bowers suggests sunless tanning products. "However, people should avoid inhaling chemicals while in a spray tan booth and women who are pregnant should not use these products," she says.

Use sunscreen to help prevent sun damage Applying sunscreen is one of the best ways people can protect their skin from the sun. "People should remember to apply sunscreen 30 minutes before going outside, because it takes that long for it to absorb into your skin and give you the proper protection," says Dr. Bowers.

When preparing for an outdoor activity, Dr. Bowers recommends applying sunscreen before leaving the house, then again when arriving at their destination. "It's like painting a wall. After the first coat of paint, you can still see some of the old paint or wall texture coming through, but the second coat covers all of the nooks and crannies," she says. "A second coat of sunscreen helps give complete sun protection."

According to Dr. Bowers, SPF 15-30 is a good level of protection for everyday use and people should remember to reapply every two hours. Higher numbers should be considered for prolonged outdoor exposure.

It's also important to use enough sunscreen and most people need to use one ounce for each application, which is the amount held by an average shot glass. In addition to providing UVB protection, the best sunscreens also offer UVA protection, which can be found in products containing zinc oxide, titanium dioxide, avobenzone or mexoryl.

Ensure safe skin treatment procedures Although skin treatments, such as Botox, lasers and fillers are growing in popularity, Dr. Bowers urges people considering skin treatments to verify that licensed professionals conduct their procedure. "Make sure the procedure is done by a medical professional with proper credentials," she says. "Ask where the person received their training and if you can see before and after pictures. When you are planning for a procedure, it's important to make sure it will be safe."

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Melissa Burnett, M.D.
Pediatric Dermatologist, affiliated with Mount Auburn Hospital

Preventing and Treating Childhood Eczema

Rashes are common, yet annoying, skin conditions that everyone experiences at some point. But when a child's rash is characterized by dry, rough, red and itchy skin that returns frequently, it isn't just a normal outbreak. "Atopic dermatitis (eczema) affects approximately 10 percent of children, and can be frustrating for families," says [Melissa Burnett, M.D.](#), Pediatric Dermatologist, affiliated with [Mount Auburn Hospital](#) in Cambridge, a teaching hospital of Harvard Medical School. "There is no cure and it can be challenging to treat."

Childhood eczema typically begins in infancy and continues into adolescence or beyond. Fortunately, the symptoms usually become less severe with age and sometimes disappear altogether. In infants, the rash most commonly occurs on the face and scalp, but often covers the entire body. As a child gets older the rash tends to favor flexural areas like the inside of the elbows and knees. "Because itching is the biggest symptom and the normal skin barrier is compromised, kids with eczema have a higher risk of developing bacterial or viral skin infections," Dr. Burnett says. "The itching can also keep them awake at night, affecting the normal daily activities of all family members."

Prevention "If your child has sensitive skin, if there is a family history of eczema, seasonal allergies or asthma, or if you or your pediatrician suspects your child has eczema, then gentle skin care is very important to prevent eczema flares," says Dr. Burnett. Instead of showers, give your child a bath using lukewarm water. Afterwards, pat the skin dry and apply a moisturizer. "The thicker and greasier the moisturizer is, the better it will hydrate the skin," she says. Avoiding known triggers can also help minimize flare-ups. Some common triggers include:

- Harsh (liquid) soaps
- Bubble baths
- Dust mites
- Overheating and sweating
- Wool and polyester clothing

Treatment Besides avoiding triggers, eczema treatments are focused on controlling and preventing itching and inflammation. When eczema flares, typical treatments include the following:

- **Topical corticosteroids** are the most common treatment for eczema and can range from over-the-counter hydrocortisone creams to stronger corticosteroids that require a prescription. These medications have many different strengths and should be used with the supervision of your physician. You should never use a medication prescribed for another individual on your child's skin without consulting your doctor as some of these may be too strong for your child. Also, the use of topical corticosteroids on the face or diaper area should be discussed with your physician prior to their use. It is important to note that the side effects of topical corticosteroids are different from those of systemic steroids (like prednisone) taken by mouth. The most common side effects of topical corticosteroids are thinning of the skin (atrophy) or stretch marks. This is extremely unusual, however, with appropriate use and monitoring.
- **Immunomodulators** are steroid-free medications, such as tacrolimus and pimecrolimus. Unlike steroid creams, they do not cause any thinning of the skin or stretch marks and are approved for treatment of mild to moderate eczema in children over age two. They are often used in combination with topical corticosteroids.
- **Antihistamines** are helpful to reduce itching. A sedating antihistamine can also help if a child's sleep is suffering because of constant itching.

If standard prevention and treatment methods aren't improving eczema, consult a dermatologist or pediatric dermatologist.

Specialists at Mount Auburn Hospital are dedicated to helping children and their parents fight this condition. "Even when you are doing everything perfectly, your child's eczema can still flare. The most important thing for everyone to know is that although we do not have a cure for eczema, we do have very good treatments," says Dr. Burnett.

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Barry S. Paul, M.D.
Dermatologist, affiliated with Mount Auburn

Psoriasis: New research, new therapy

Psoriasis is a non-contagious, chronic skin disease that affects nearly eight million people in the United States. The disease has varying levels of severity and can compromise self-esteem, socialization, and quality of life. Although there is no cure, doctors are hopeful about new therapies as research unveils more understanding about the cause of psoriasis.

What is psoriasis? Psoriasis does not discriminate — it affects every gender, race and age. The disease causes red, scaly plaques on the skin. Severity of the disease varies greatly and for some people, it can affect most of their body surface. “It tends to be worse on the pressure points of the body, such as the elbows, knees, scalp and lower back,” says [Barry S. Paul, M.D.](#), Dermatologist, associated with [Mount Auburn Hospital](#) in Cambridge, a teaching hospital of Harvard Medical School. “It can also occur in creases like under the arms, groin and genital areas. It can even affect the nails, causing discoloration and crumbling.”

Psoriasis can be itchy and scratching these areas can cause them to bleed easily. “Scratching and rubbing can cause the condition to become worse,” says Dr. Paul. “The scaling is often flaky and sheds easily. When a person undresses it can cause piles of scale to flake off, like snow on the ground. Stress and physical trauma can also trigger psoriasis to flare up.”

One out of eight people with more extensive psoriasis will experience inflammation of the joints. “Arthritis associated with psoriasis can affect the joints of the fingers, lower back and even larger joints, such as the knees,” says Dr. Paul. “It can be painful and can ultimately lead to disabling joint destruction.”

Treatments People with mild cases of psoriasis, such as a spot on the elbow or knee, can often find relief with moisturizers and topical steroids. “Psoriasis gets worse when the skin is dry,” says Dr. Paul. “Using a moisturizer after showering often helps.” Sunlight, in moderation, especially combined with ocean bathing, is therapeutic for patients. “Many people do well in the summer and find they need more treatment in the winter,” says Dr. Paul.

“If the condition is more severe and the creams are not enough, phototherapy is used,” says Dr. Paul. “With ultraviolet rays that reproduce the sun’s beneficial therapeutic effects on psoriasis, phototherapy can provide much needed relief.”

There are stronger treatments that have more side effects and require close monitoring. “The latest research has correlated psoriasis to an underlying abnormality on the T cell,” says Dr. Paul. “New biologic drugs given by injection have been developed to target the T cell. However, this new therapy suppresses the immune system, is very expensive, and used when other treatments do not provide relief.”

Hope on the horizon “There is a lot of research being done to find the underlying cause of psoriasis,” says Dr. Paul. “The discovery of the abnormal T cell is an enormous breakthrough. New biologic treatments are being tested and are showing great promise.”

Psoriasis is a chronic disease with no cure. Many people living with psoriasis go through several therapies and may feel like giving up. But Dr. Paul says there is a lot of hope on the horizon and they should consult a dermatologist. “We are learning more about psoriasis and new treatments are emerging,” he says. “Patients can discuss the new treatments that may be very helpful to them with their dermatologist.”

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Fern Wirth, M.D.
Dermatologist, affiliated with Mount Auburn Hospital

Acne: Effective treatments and prevention

Persistent and unsightly, acne can affect people of all ages. Fortunately, with proper treatment, the condition can be successfully controlled.

According to [Fern Wirth, M.D.](#), Dermatologist, affiliated with [Mount Auburn Hospital](#) in Cambridge, a teaching hospital of Harvard Medical School, acne can result from a number of factors. “There are four main factors that go into the production of acne: genetic predisposition to blockages in the hair follicles, oil production, hormone levels and bacteria that live in the hair follicles that can increase oil production and inflammation,” she says.

Acne affects people differently at different ages. Teenage acne, also called acne vulgaris, is characterized by blackheads and whiteheads, and if the inflammation is deeper within the hair follicle, deeper nodules and bumps appear underneath the skin. Teen acne is separated into different levels of severity ranging from grades 1 to 4. Grade 1 is considered the mildest form and is characterized by mild blackheads and whiteheads. Grade 4 is the most severe and may include deep nodules, cysts and scarring to the face, chest, upper arms and back.

Adult acne, or acne rosacea, occurs in people who blush or flush easily and frequently, which can produce pimples or pus bumps, without blackheads or whiteheads. According to Dr. Wirth, acne rosacea can take different forms. “There is a type that involves the eyes that can cause inflammation or scaling of the eyelids and a gritty sensation in the eye,” she says. “There are also types that may cause flushing, broken blood vessels, pustules or swelling, particularly of the nose.”

Treatment depends on the severity of acne. Many times people with milder acne are able to control it by using over-the-counter medications. “However, those with a number of pus bumps and scarring would benefit from early treatment from a dermatologist in order to prevent additional scarring.” says Dr. Wirth.

A prescription topical retinoid cream can be effective for people who have blackheads and whiteheads. “These patients can also try topical antibiotics, benzoyl peroxide or salicylic acid creams or washes,” says Dr. Wirth. “Oral antibiotics are also available for patients with inflammatory acne. For patients who use oral antibiotics for six months without significant improvement, there are other options, which should be discussed with a dermatologist.”

There are several things people can do to help minimize acne, including:

- Wash with a mild soap or non-soap cleanser and follow up with a non-comedogenic moisturizer if the skin is dry. Dry skin signals the body to produce more sebum (oil), which can worsen acne.
- Remove makeup when washing and also limit hair products because they can end up on the face and cause pore blockage.
- Some people milk and high carbohydrate foods can worsen acne through effects on insulin and hormones. These people should limit their intake of those foods.
- Avoid touching your face with your hands, which can produce hair follicle blockage and contribute to acne.
- Avoid squeezing pimples and instead try applying a hot compress to the skin to fight inflammation and infection and minimize risk of scarring.

According to Dr. Wirth, it is important for people to seek treatment for acne to avoid both physical and psychological effects. “Acne is a condition that can really affect people and diminish their self esteem,” says Dr. Wirth. “We focus on effectively treating acne and it can make a big difference in the way people feel about themselves.”

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Eileen Deignan, M.D.
Dermatologist, affiliated with Mount Auburn Hospital

Skin Cancer: Early detection yields best treatment results

In the United States there are more than one million new cases of [skin cancer](#) reported each year. There are several different types of skin cancer and the three most common are melanoma, squamous cell cancer and basal cell cancer.

According to [Eileen Deignan, M.D.](#), Dermatologist, affiliated with [Mount Auburn Hospital](#) in Cambridge, a teaching hospital of Harvard Medical School, incidences of skin cancer have increased greatly within the past 50 years and a main cause for this could be a changing beauty standard. “Times have changed since the 1950s when having a tan was more associated with outdoor labor,” she says. “Now tans are desirable and viewed as healthy.”

Melanoma, squamous and basal skin cancers are caused by an overgrowth of skin cells. “Normally skin has a life cycle and a certain number of cells are created every minute, hour and day,” says Dr. Deignan. “When cells become cancerous, they begin growing too fast and become too numerous.” Melanoma can get into the blood stream and lymph nodes and metastasize (spread) to other parts of the body. It is uncommon for squamous cell cancer and very rare for basal cell skin cancer to spread to other areas of the body.

Risk factors for melanoma include family history and having multiple moles, particularly moles that are asymmetrical, have irregular borders, multiple colors or a diameter greater than five millimeters. Also important to note are blemishes that persist for more than one to two months. “People should consult a physician for any spots that don’t heal in a timely fashion or are prone to bleeding,” says Dr. Deignan. Basal cell and squamous cell cancers can sometimes first appear as a non-healing lesion. Additional risk factors for skin cancer include older age, fair skin, prolonged sun exposure, living in a high altitude or sunny climate and a weakened immune system.

Treatment for melanoma is surgery that removes the spot along with one to one and a half centimeters of surrounding skin. The key to successful treatment is early detection. “If melanoma is detected early, before it has a chance to go deeper below the skin, there is a 97 percent five-year survival rate,” says Dr. Deignan. “Also, if caught early, reoccurrence is not very common.”

Squamous cell and basal cell skin cancers are also usually treated by surgical removal of the cancerous spot. The most common areas for these two types of cancer to appear include the face, arms, chest and back. “I can diagnose squamous and basal skin cancers through a biopsy,” says Dr. Deignan. “Treatment depends on several factors including where the cancer is located and how deeply it has penetrated the skin.”

Because early detection and treatment are the best defenses against skin cancer, Dr. Deignan urges people to consult a physician if they notice a suspicious mole or spot. “I would much rather have a person come in right away and discover the mole is fine than wait and find out he or she needed to be seen earlier,” she says.

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Mathew Zipoli, M.D.

Dermatologist and Mohs Surgeon, affiliated with Mount Auburn Hospital

Mohs Micrographic Surgery: More than skin deep

Half of all cancers in the United States are skin cancers. Despite its prevalence, only several thousand die each year. Dermatologists at [Mount Auburn Hospital](#) in Cambridge, a teaching hospital of Harvard Medical School, are dedicated to curing patients and reducing fatalities, and using the most advanced technology and techniques is how they ensure the best outcomes.

“Mohs micrographic surgery is a tissue-sparing procedure that removes every cancer cell while leaving healthy tissue unharmed,” says [Matthew Zipoli, M.D.](#), Dermatologist and Mohs Surgeon, affiliated with Mount Auburn Hospital. “It has the highest cure rate of all skin cancer treatments — 99 percent.”

Before Mohs surgery, physicians would guess the extent of the patient’s skin cancer. They either scraped, burned or cut the tumor out before sewing the wound shut. However, if too little tissue was removed, the cancer reoccurred, while taking too much tissue caused excessive scarring. “Mohs surgery takes as little skin as possible to remove the cancer, therefore it can give patients the best cosmetic outcome possible,” Dr. Zipoli says.

During the procedure, the Mohs surgeon outlines the tumor and numbs it with a local anesthetic. Then a one-millimeter margin around the tumor is taken. A thin layer of tissue is removed from the tumor site and examined under a microscope in the office while the patient waits. If there are any cancer cells left behind, another section of tissue is taken and evaluated. The process continues until every cancer cell is gone. “The wound is finally sewn when we are sure every trace of tumor is gone,” Dr. Zipoli says. For most patients, the process lasts three to four hours, but it can extend to more than six hours. “It depends how deep the cancer is and how many times we return to the operating table,” he says.

Post-surgery, patients may experience bruising or discomfort at the treated location. The recovery process ends when the stitches are removed a week later. “With any surgery there will be a scar,” Dr. Zipoli says. “The idea behind Mohs surgery is that keeping the opening as small as possible will limit the scarring.”

Mohs surgery is most commonly used to treat basal cell carcinoma and squamous cell carcinoma skin cancers. However, it’s not typically used for malignant melanoma. Mohs surgery is most often used when:

- Cancers are in areas where preservation of healthy tissue is crucial for cosmetic or functional purposes, such as the nose, lips, ear, face, head and neck
- A treated skin cancer reoccurs
- There is scar tissue in the cancer’s location
- The cancer is large
- The cancer’s borders aren’t clearly defined
- There is rapidly growing cancer

Mount Auburn is the only hospital in Cambridge that does Mohs surgery. “Dermatologists need special training or a certified fellowship to become a Mohs surgeon,” Dr. Zipoli says. “That way patients receive the best care.”

Developed by Frederic E. Mohs, M.D., in the 1930s, Mohs surgery has been refined for decades. “Many people consider it to be the gold standard of care, the best way to get rid of skin cancers on the head and neck,” says Dr. Zipoli. “By having the highest cure rate, we may also save more lives.”